

## **U.S. Department of Education**

### **Staff Analysis of the Report Submitted by Australia and New Zealand**

Prepared October 2012

#### **Background**

At its Spring 1995 meeting, the National Committee on Foreign Medical Education and Accreditation (NCFMEA) initially determined that the standards of the Australian Medical Council (AMC) used to evaluate medical schools in Australia and New Zealand were comparable to those used to evaluate medical schools in the United States. The AMC's standards were again found comparable in Spring 2001 and Fall 2007. At its Fall 2007 NCFMEA meeting, the Committee asked the country to provide a report on its accrediting activities for consideration at the Fall 2009 meeting. At the Fall 2009 meeting that report was accepted and the AMC was requested to submit an additional update for consideration at the Fall 2011 NCFMEA meeting. Due to adjustments in the review schedule related to the Committee's temporary lapse, that report is instead being considered at the current meeting.

#### **Summary of Findings**

There are no outstanding issues.

#### **Staff Analysis**

##### **Current status of medical schools**

###### **Country Narrative**

The Australian Medical Council (AMC) currently accredits 21 primary medical education providers, 19 primarily based in Australia and two in New Zealand.

The current accreditation status of medical education providers operating in Australia and New Zealand is provided in the attached table. Attachment 1: Primary Medical Education Provider Accreditation Program and Status Report.

This table is also posted on the AMC website:

<http://www.amc.org.au/index.php/ar/bme/schools/medical-school-accreditation-program-and-status-report>

Please note that the AMC now refers to medical schools as primary medical education providers, since this is the terminology used in the National Law concerning accreditation and registration of health practitioners.

###### **Analyst Remarks to Narrative**

The country states that it currently accredits 21 medical education programs. The agency provided a list of its currently accredited programs, as well as the URL for a web site that lists the same information. The list provides: the name of the university, the length of the program of study, and degrees awarded; an accreditation history for each program, including type of assessment and date of decision; a history of each institution's accreditation periods with expiration dates; conditions imposed for each accreditation period; and information as to whether post-accreditation reports (annual or periodic) were required. The country has six schools whose accreditation will expire in 2013, five whose accreditation will expire in 2014, three whose accreditation will expire in 2015, six whose accreditation will expire in 2016, and one whose accreditation will expire in 2017. Staff notes that several of the country's programs have recently undertaken a "major change" to move from six-year programs to four- or five-year programs.

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## **Overview of accreditation activities**

### **Country Narrative**

#### **2.1 Assessments of primary medical education providers and their programs of study**

The AMC has successfully completed 15 assessments of Australian primary medical education providers during the period September 2009 to June 2012.

The AMC undertakes assessments in the following circumstances:

- assessment of new developments including:
  - o assessment of proposed new medical programs;
  - o assessment of proposals for major change in established providers and programs of study
- assessment for the purposes of reaccreditation of established medical programs and their education providers.

In cases where conditions on accreditation or reaccreditation require it, the AMC also conducts follow-up accreditation assessments. The circumstances in which follow-up assessments are made include where an education provider has been granted a limited period of accreditation or where the AMC wishes to review plans for later stages of a new program development.

An AMC assessment entails appointment of an AMC team which reviews the provider's documentation, undertakes a program of meetings and prepares a report. The report is considered by the Medical School Accreditation Committee (MedSAC) who make a recommendation on accreditation to the AMC Directors. Directors make a decision within the options described in the Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council.

The AMC provides an accreditation report to the Medical Board of Australia and the Medical Council of New Zealand. These bodies make a separate but related decision on the approval of the program for the purposes of registration of the graduates.

A summary of the assessments completed during the period September 2009 to June 2012 is provided in the attached document. Attachment 2: AMC assessment of medical programs and their education providers from September 2009 – June 2012.

#### **2.2 Primary medical education provider progress reports submitted and considered**

Once it has accredited an education provider and its program of study, the AMC monitors the program and the education provider to ensure that they continue to meet the accreditation standards.

In the period September 2009 to June 2012, the AMC considered 28 progress reports, six comprehensive reports and three reports on conditions. A summary is provided in the attached document. Attachment 3: Progress reports considered September 2009 – June 2012.

#### **2.3 Meetings and decisions**

The Medical School Accreditation Committee is responsible for overseeing the process for assessment and accreditation of primary medical education programs and their providers.

Reporting to the AMC Directors, the Medical School Accreditation Committee:

- i. advises the AMC on guidelines, policy and procedures relating to the assessment and accreditation of medical programs and their education providers
- ii. oversees the AMC's accreditation activities for primary medical education programs
- iii. seeks to encourage improvements in medical education in Australia and New Zealand that respond to evolving health needs and practices, and educational and scientific developments

The Committee's membership provisions are unchanged. The Committee includes members nominated by: the Australian Medical Students' Association; the Confederation of Postgraduate Medical Education Councils; the Committee of Presidents of Medical Colleges; the Medical Council of New Zealand; the Medical Board of Australia, and the Medical Deans Australia and New Zealand. The Committee also includes members of the Australian Medical Council, and a member with background in and knowledge of

health consumer issues.

The term of the former Chair of the Medical School Accreditation Committee Professor Michael Field ended in November 2010. Professor David Ellwood, Deputy Dean and Professor of Obstetrics and Gynaecology Australian National University Medical School, was appointed as the new Chair following an Australian and New Zealand wide search process.

The Committee has met 14 times in the period of September 2009 to June 2012. The majority of its work has related to: assessment of medical programs against the approved accreditation standards, consideration of progress reports by accredited education providers, review of accreditation standards and procedures, and policy development.

The AMC Directors manage the business of the Australian Medical Council. The Medical School Accreditation Committee reports to Directors on the assessment and accreditation of medical programs. The AMC Directors have met 29 times since September 2009.

#### 2.4 Conferences and/or training sessions Workshops run by the AMC on accreditation

- The AMC conducts an annual workshop for chairs of its assessment teams and accreditation committees, and AMC and Medical Council of New Zealand accreditation staff. The workshop provides training about AMC procedures, as well as opportunities to suggest improvements to processes and to discuss emerging issues in medical education.
- The AMC is a member of the Forum of Australian Health Professions Council, which is a group of all the accreditation authorities for the registered health professions. The AMC provides the secretariat for the Forum. Through the Forum the AMC has contributed to two national workshop on accreditation with the national registration boards for the health professions (one in June 2011 and one in June 2012). It also helped facilitate a two-day accreditation workshop for the staff of 12 health profession accreditation councils in May 2012.

#### Workshops attended and/or presented to

Since September 2009, AMC staff and officers have attended and/or presented papers at conferences and workshops as follows:

- 2010 – Medical Deans Australia and New Zealand Annual Conference - Generalisable Curriculum/ Generalisable Assessment.
- 2011 – Leaders in Indigenous Medical Education biennial conference, LIME connection IV Auckland, New Zealand.
- 2011 – The Ottawa Conference on the Assessment of Competence in Medicine and the Healthcare Professions, Kuala Lumpur, Malaysia.

#### International relationships

The AMC's involvement in the development of international and regional accreditation standards and procedures in collaboration with accreditation systems in other countries is continuing.

The AMC considers that international engagement improves the quality of the AMC's work in that it enables the AMC to validate its standards, assessment and accreditation processes against international standards and makes participation in the AMC's processes more attractive to the very senior academic clinicians who act as members of AMC accreditation teams. A summary of the AMC's international activities is provided in the attached document. Attachment 4: International Relationships.

### **Analyst Remarks to Narrative**

#### Accreditation Reviews

The AMC states in its narrative that it has undertaken 15 reviews since it last appeared before the Committee in 2009. It provided a table, arranged by year, listing the university reviewed, the type of assessment undertaken, key meeting dates (site visit dates, Medical School Accreditation Committee meeting dates, and Medical Board of Australia meeting dates), and the outcome of the review. The table was apparently expanded over time, and in years 2010 and 2011 additional information was provided as to overall findings and Medical Board action. According to the table, five universities were visited in 2009, six were visited in 2010, three were visited in 2011, and one visit was still in progress for 2012.

#### Clinical Site Visits

The AMC did not provide any information related to on-site reviews of core clinical sites. Additional information is requested in this area.

#### Decision Meetings

The Medical School Accreditation Committee remains responsible for overseeing the process for assessment and accreditation of primary medical education programs and their providers and for making recommendations regarding accrediting decisions to the AMC. Membership provisions are unchanged, with members nominated by several organizations, including student groups, professional bodies, and academicians. Since its last appearance before the NCFMEA, the Committee chair's term expired and a new chair was installed. The AMC states that the Committee has met 14 times since the Fall 2009 NCFMEA meeting. The country provided a list of the progress reports, reports on conditions on accreditation, and comprehensive reports for extension of accreditation that the Committee has considered since that time.

#### Conferences and Training

The AMC states in its narrative that it has participated in several conferences and training sessions in the past three years. It has conducted an annual accreditation workshop for site team visitors, decision-makers, and agency staff. It serves as the secretariat for a forum that has hosted two national workshops on accreditation with the national registration boards for the health professions, and it also facilitated an accreditation workshop for the staff of several health profession accreditation councils. Agency staff/officers have attended and presented at conferences in Australia, New Zealand, and Malaysia. The agency has also been involved in international training sessions in Brunei, Korea, China, and Mongolia.

#### Summary

The AMC is requested to provide information on its ongoing program of review of core clinical sites.

### **Country Response**

In July 2012 the NCFMEA provided a detailed staff analysis of the report submitted by the AMC covering accreditation activities during the period of September 2009 to June 2012. Additional information was requested as follows:

The AMC did not provide any information related to on-site reviews of core clinical sites. Additional information is requested in this area.

The AMC follows a standard structure for assessment visits. Attachment 1 AMC Guide for Medical School Assessments 2012 details the overall structure of and groups met during an assessment visit.

AMC staff structure the visit to include the range of groups and sites listed in this document irrespective of whether it is assessing a new program development or completing a reaccreditation of an established program. The emphasis given to meeting particular groups or to visiting particular sites may vary depending on the type of assessment, but the range of meetings and visits listed in this document applies for all assessments.

An AMC team visit normally occurs over one working week. More time may be required to visit dispersed training sites. The program includes meetings and site visits which link to the accreditation standards.

In assessing a primary medical program, the AMC team visits all the major/core clinical teaching sites and a sample of the minor clinical teaching sites. During the preliminary team meeting, the team confirms the groups and individuals it wishes to meet and the teaching sites it will visit. The AMC identifies the major teaching sites through reviewing the medical school's accreditation submission and other publicly available information (such as the website and student handbook). When it begins discussions with the school about the site visit program, it lists the clinical sites which must be visited, and the additional sites which the team would like to visit as a representative sample of minor sites.

The AMC definition of a major change in an accredited medical program (given in the AMC Accreditation Procedures) includes "a substantial change in institutional setting". Under this definition, a medical school

adding a new major teaching site would be judged to be making a major change, which would require prospective review by the AMC. There is one example of this type of change in the period covered by this report to the NCFMEA. In 2010, the AMC assessed the medical program offered by the University of Queensland School of Medicine in response to a number of changes being made by the School. These changes included adding new campuses and clinical teaching sites. The School had organised its clinical teaching through ten clinical schools and these clinical schools included a number of new clinical teaching sites. The AMC team assessing the program visited each of the ten clinical schools, and the core clinical teaching sites in the ten schools over a four week period.

A summary of the assessments completed during the period September 2009 to June 2012 was provided in the original report.

The following attachments provide a sample of visit schedules for assessments conducted during 2009 – 2012. These schedules provide examples of the standard meetings and on-site reviews of core clinical sites included in AMC assessments.

The University of Notre Dame Australia School of Medicine, Sydney

This medical school arranges its clinical teaching around three major clinical schools, one based in Sydney New South Wales, one based in Melbourne Victoria, and a Rural Clinical School which has an administrative and teaching site in Lithgow in rural New South Wales and teaching sites in other towns in regional New South Wales.

Attachment 2 - Assessment visit schedule for the 2009 University of Notre Dame Australia School of Medicine Sydney.

The University of Melbourne Faculty of Medicine, Dentistry and Health Sciences

The Melbourne Medical School has a large number of clinical training sites in metropolitan Melbourne, in outer suburbs and in rural Victoria. Training sites range from urban and rural primary care practices to tertiary and quaternary hospitals.

Attachment 3 - Assessment visit schedule for the 2010 University of Melbourne assessment.

The University of Adelaide Faculty of Health Sciences

Clinical placements occur across a wide variety of sites within South Australia, including major metropolitan tertiary hospitals, regional hospitals, private healthcare settings, rural communities and in general practice.

Attachment 4 - Assessment visit schedule for the 2011 University of Adelaide assessment.

The AMC would like to provide further clarification on the NCFMEA analyst's remarks on sections 2 and 3 of the original report at Attachment 5 – Points for clarification – NCFMEA staff analysis of report submitted by the AMC 2012.

### **Analyst Remarks to Response**

#### **Clinical Site Visits**

In response to the draft staff analysis, the agency provided additional information regarding its clinical site visits. The agency provided a copy of its guide for medical school assessment visits (Supplementary Ex. 1), which indicates that clinical site visits typically take place on day three of a three-day on-site review. All major clinical teaching sites are reviewed. The on-site review team splits into sub-teams and visits all major clinical teaching sites, interviewing hospital management and senior staff, clinical academic staff, clinical teachers and teaching supervisors, and students. A sampling of minor clinical sites, where students undertake only a small amount of clinical experience, are also visited.

As noted in the original staff analysis, five universities were visited in 2009, six were visited in 2010, three were visited in 2011, and one visit was still in progress for 2012. In its response, the agency provided sample site visit schedules for three universities, indicating that clinical sites were visited.

Staff accepts the agency's response, and no additional information is requested.

Staff Conclusion: Comprehensive response provided

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### **Laws and regulations**

## Country Narrative

In its 2009 report to the NCFMEA, the Australian Medical Council (AMC) reported that the Council of Australian Governments, which consists of the national government and the state governments, had signed an Intergovernmental Agreement to establish a national registration and accreditation scheme for ten health professions, including medicine. In 2009 the AMC also reported that national legislation had been passed to establish the scheme, and that the Australian Medical Council had been assigned the accreditation functions for the medical profession.

On 1 July 2010, this registration and accreditation scheme came into effect across Australia. Under the Health Practitioner Regulation National Law Act (the National Law), medical registration has changed from a state-based system to a national system. There is a new registration board, the Medical Board of Australia.

The National Law links registration of medical practitioners to accreditation of their medical program and education provider. The link between accreditation of medical programs and the registration of their graduates existed under the state-based registration system. Under the national system, the role of accreditation authorities to grant accreditation and monitor programs is defined in National Law. Attachment 5 provides an excerpt from the Health Practitioner Regulation National Law Act 2009 concerning accreditation.

The Australian Health Practitioner Regulation Agency (AHPRA) is the administrative organisation responsible for the implementation of the national registration and accreditation scheme across Australia. Its operations are governed by the National Law. The AMC has an agreement with AHPRA to provide accreditation services for the Medical Board of Australia.

The National Law defines the functions of the national registration boards, many of which relate to the registration and regulation of the health profession. In relation to standards for education and training, the functions of national boards include:

- approval of accreditation standards developed by an accreditation authority;
- approval of accredited programs of study as providing qualifications for registration or endorsement in the health profession.

As the body appointed to conduct accreditation functions for the medical profession under the National Law the AMC has authority to decide on the accreditation process and procedures; accredit and refuse accreditation to programs of study; monitor accredited programs of study; and develop accreditation standards. The Medical Board of Australia makes decisions to approve or not approve accredited programs of study as providing a qualification for the purposes of registration in the medical profession and to approve or not approve accreditation standards.

When the AMC assesses a program of study and the education provider against the approved accreditation standards and decides to grant accreditation, the AMC provides its accreditation report to the Medical Board of Australia for the Board to make a decision to approve or refuse the accredited program of study as providing a qualification for the purposes of registration to practise medicine.

Since there was already a national accreditation scheme for medicine with the AMC as the accreditation authority before the National Law took effect in 2010, there has been no major change to accreditation of medical programs in Australia. In practice, the new National Law has led to some elements of the AMC accreditation process becoming stronger and clearer. For example, the AMC accreditation reports now make a much clearer distinction between recommendations made for quality improvement purposes and conditions which must be met to satisfy accreditation standards.

The National Law has strengthened the AMC's accreditation authority in its related process of accreditation of specialist medical training programs in Australia. Before 2010, this was a voluntary quality improvement process for specialist medical training bodies. The National Law makes it a mandatory process, bringing it into line with the medical school accreditation process which has been mandatory since the 1990s.

Since the introduction of the National Law in July 2010, the AMC has reported accreditation decisions to ten meetings of the Medical Board of Australia. The chair of the AMC's Medical School Accreditation Committee attends Medical Board meetings to present accreditation reports.

### **Analyst Remarks to Narrative**

At its Fall 2009 appearance before the NCFMEA, the AMC reported that Australia's national and state governments had agreed to establish a process for national registration and accreditation for the health professions, including medicine, that supporting legislation had been passed, and that the AMC would continue to oversee the accreditation of medical schools. In its current update, the AMC reports that the revised registration and accreditation process took effect in July 2010, changing medical registration from a state-based system to a national system. The new registration board is the Medical Board of Australia.

The Australian Health Practitioner Regulation Agency is the administrative organization responsible for the implementation of the new national process and has entered into an agreement with the AMC for the AMC to provide accreditation services for the Medical Board of Australia. The AMC continues to review medical schools for accreditation and then provides reports of its findings to the Medical Board, which serves as the decision-making body. The AMC states in its narrative that since it was already conducting a national system of accreditation review prior to the implementation of the new process, its procedures remain largely unchanged. However, it does feel that its operations have been strengthened under the new system, since participation in the medical education accreditation process is no longer voluntary, but is required under the new system. The AMC states that it has provided accreditation reports to 10 meetings of the Medical Board since July 2010.

The agency provided a copy of the section of the Health Practitioner Regulation National Law Act 2009 that pertains to accreditation functions. The law addresses: development of accreditation standards; approval of accreditation standards; accreditation of programs of study; approval of accredited programs of study; accreditation authority to monitor approved programs of study; and changes of approval to programs of study.

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### **Standards**

#### **Country Narrative**

Under section 253 of the National Law, the Australian Medical Council's accreditation standards in force immediately before the commencement day for the National Law became the approved accreditation standards for the medical profession from 1 July 2010.

During 2010, the AMC reviewed its accreditation standards and consulted publicly on minor changes to them. These changes entailed:

- Minor changes to clarify wording, particularly the obligations primary medical education providers have to clinical teachers and opportunities for their professional development as teachers, and giving additional emphasis to the accreditation standards relating to curriculum content.
- The curricular elements of Standard 3 were separated and given greater specificity. Following review of the AMC standards in 2006, all the standards relating to curriculum content were grouped together in one curriculum standard. Before that, important curricular elements such as biomedical sciences, population health, clinical sciences etc each had a separate curriculum standard. The amalgamation had created some perception that the curriculum content has been de-emphasised in the standards relative to other matters. It has also created difficulties for AMC teams and for the Committee both in commending curriculum coverage of particular areas and in identifying gaps. In changing the standards in 2010, the AMC returned to separate standards for each curriculum element.

In December 2010, on the AMC's advice the Medical Board of Australia approved the revisions as proposed by the AMC and these standards are now in effect. The Standards for Assessment and Accreditation of Medical Schools by the AMC 2010 are provided at Attachment 6.

The AMC is now conducting a more major review of the approved accreditation standards for medical education providers and their program of study.

The AMC reviews the accreditation standards regularly. It consults stakeholders. As necessary, it reviews relevant national and international reports and policies; and AMC accreditation reports and committee reports. It is now also required to take account of the policy that applies to the AMC's authorisation as the accreditation authority for medicine under the Health Practitioner Regulation National Law Act 2009. Attachment 7 provides a copy of the Procedures for the Development of Accreditation Standards.

## Review of Accreditation Standards for Primary Medical Programs

An AMC Working Group is completing the review of the accreditation standards. The Working Group reports to AMC Directors. The group is chaired by Professor David Ellwood, Chair of the AMC Medical School Accreditation Committee. The other members include experienced AMC assessors from Australia and New Zealand, members of the AMC's Medical School Accreditation Committee, Medical Deans, and medical educators.

An overview of the Standards Review process and high level summary of proposed changes is found at Attachment 8.

The AMC has begun consultation on the proposed revisions to the standards. It hopes to complete the review and to have the revised standards approved by the end of 2012, for implementation in 2013. The AMC will provide additional guidance on the changes to the education providers which are to undergo accreditation assessments in 2013.

## Changes to primary qualification to practise medicine in Australia - Implications for AMC Accreditation

The AMC has prepared a discussion paper concerning the changes to the range of academic qualifications leading to professional practise as a medical practitioner in Australia. As of June 2012 the AMC are seeking stakeholder comment on this paper.

As the designated accreditation authority for medical education the AMC's primary interest is a medical program's ability to meet professional requirements, and to produce graduates who are safe and competent to practise medicine under supervision as interns and to undertake further training in any branch of medicine. It uses the approved accreditation standards to assess whether programs and their providers provide graduates with the knowledge, skills and professional attributes necessary to practise medicine in Australia.

About half the medical programs in Australia admit students following graduation from secondary school. The other medical programs admit students following completion of a degree program in a discipline other than medicine. Until 2011, irrespective of the mode of admission, the graduates of primary medical education (often referred to as an entry-level qualification) in Australia and New Zealand all received a university-awarded qualification at Bachelor Degree level. In 2011 the University of Melbourne introduced a primary medical degree at a Masters level which added a second type of degree to the entry-level qualification for medicine. The AMC is aware of several other universities interested in introducing Masters level qualifications.

The level of the academic qualification awarded by the medical education provider is not of concern to the AMC. It is interested in the readiness of the graduates for professional practice. However, it is interested in the likely effect of this change in medical education.

The paper canvasses issues for the structure and delivery of medical education and issues for the AMC as the accreditation body. The AMC is presently reviewing the accreditation standards for primary medical programs, and the paper identifies the changes proposed to the accreditation standards that relate to this development.

Attachment 9 provides a copy of the discussion paper Changes to primary qualification to practise medicine in Australia - Implications for AMC Accreditation.

## Analyst Remarks to Narrative

The AMC states that its previously approved standards, which were already in effect, became the accepted standards under the new law effective July 2010. The agency states that since that time it has made only minor changes in wording, as well as some formatting changes to the Curriculum standards. These changes were approved by the Medical Board of Australia in December 2010 and are now in effect. A working group that reports to the AMC Directors is currently conducting a comprehensive standards review process. It is expected that the revised standards will be accepted by the end of 2012, with implementation in 2013.



The agency provided a copy of its current standards document, a copy of the section of the new law that addresses the Procedures for the Development of Accreditation Standards, and information related to the key elements and structure of the current standards as documentation.

The agency notes that, historically, about half of the country's students have been admitted into medical education programs directly from high school (i.e., direct entry). The other half enter medical school after completing a degree in another program. Regardless of prior preparation, the students were awarded a bachelor's degree upon completion of their medical education program. One university has now introduced a primary degree program at the master's level, and other institutions appear interested in pursuing this option. The AMC states that it is not concerned with the level of the degree offered, but is interested in how this might change medical education. While not directly related to the agency's current standards, the AMC also provided a white paper it has developed on Changes to Primary Qualifications for Admission to Practise Medicine in Australia - implications for AMC accreditation.

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## **Processes and procedures**

### **Country Narrative**

#### **Review of Procedures to Align with new National Law**

In 2011 the Australian Medical Council completed a revision of the accreditation procedures to bring them in line with the Health Practitioner Regulation National Law Act 2009 (National Law). Changes were also made to accommodate the new way in which the AMC reports to the Medical Board of Australia on accreditation decisions.

In 2010, the AMC signed a Memorandum of Understanding with the Medical Council of New Zealand to consolidate our long standing relationship in setting standards for medical education and accreditation of medical programs. This development does not change the accreditation procedures, it clarifies how the AMC and the Medical Council of New Zealand communicate about accreditation decisions and our responsibilities to each other. The revised procedures reflect this agreement.

Two areas in the procedures which have required significant review were the AMC progress reporting process, and the AMC process for education providers to seek review of AMC accreditation decisions. Both these areas have been altered to ensure the AMC process aligns with the requirements under the National Law. The revised procedures for regularly monitoring medical programs make clear that the AMC must report to the Medical Board when it considers that a medical education provider may no longer meet the accreditation standards, and must either add conditions to the accreditation or revoke the accreditation.

The process for an education provider to seek review of an accreditation decision now includes an additional right of review, which applies if the AMC were to refuse accreditation.

There are minor changes to some other sections of the procedures based on feedback from accreditation teams and education providers after each accreditation assessment and some changes to improve the wording, but no changes to the processes for:

- conducting site visits,
- selecting and training individuals who conduct site evaluations or who make accreditation decisions,
- reviewing substantive changes reported by medical schools,
- ensuring the accrediting/approval body has effective controls against conflicts of interest and the inconsistent application of accreditation standards, and
- ensuring that accreditation decisions are based, in part, on the evaluation of student performance after graduation from medical school.

Attachment 10 provides a copy of the 2011 Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council.

### **Analyst Remarks to Narrative**

The agency reports that its procedures were modified in 2011 to reflect changes mandated in the July 2010 law that nationalized medical education accreditation processes. As noted previously, the AMC now provides information regarding its medical education accrediting activities to the Medical Board of Australia, which serves as the decision-making body. As a result of the Medical Board's new decision-making responsibilities, procedures were modified to make clear that the AMC must report to the Medical Board when it considers that a medical education provider may no longer meet the accreditation standards, as well as when it must either add conditions to the accreditation or revoke the accreditation of a program.

The agency also states in its narrative that it has entered into a memorandum of understanding with the Medical Council of New Zealand in order to clarify how the AMC and New Zealand communicate regarding accrediting decisions and to clarify the two entities' responsibilities to each other. Staff notes that section 3.3.7 (p. 16) of Attachment 10 indicates that the AMC provides a copy of the team report to the Medical Council of New Zealand for its consideration and that section 3.3.10 (p. 17) makes clear that the Medical Council of New Zealand makes a final accreditation decision for medical schools in New Zealand. In addition, each assessment team for a New Zealand education provider will include at least one assessor from New Zealand and the Medical Council of New Zealand nominates members to serve on the AMC.

Another change is the opportunity for a medical school to appeal an adverse decision. These procedures are found in Attachment 10 (p. 17) under section 3.3.11. A school must make any request for an internal review of a decision to refuse accreditation in writing to the AMC Chief Executive Officer within 30 days of receiving notice of the adverse decision.

As documentation, the agency provided a copy of its Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council 2011. The document provides information on: management of the accreditation process; the conduct of the accreditation process; the administration of the assessment process; AMC monitoring of accredited programs; accreditation outcomes; and a review of AMC accreditation standards and procedures.

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### **Schedule of upcoming accreditation activities**

#### **Country Narrative**

2012

The AMC has two medical school assessments scheduled for 2012 as follows:

The University of Melbourne

The Faculty of Medicine, Dentistry and Health Sciences at the University of Melbourne offers a four-year postgraduate medical degree program leading to the award of MD, which was assessed by the AMC in 2010. The AMC Directors granted the MD program accreditation for six years until 2016 subject to satisfactory progress reports and a follow-up assessment in 2012.

The 2012 follow-up assessment will review the implementation of the first two years of the program and detailed plans for Years 3 and 4. The preliminary meeting of the assessment team took place on 30 March with the visit to take place in June.

The University of Notre Dame Australia, Fremantle

The four-year graduate entry medical program offered by the University of Notre Dame Australia School of Medicine, Fremantle was originally accredited by the AMC in 2004 until 2010, subject to conditions. A number of follow-up visits were conducted to address ongoing concerns. Following a visit in 2009 which found progress had been made to address the concerns, accreditation was extended to 2013, subject to satisfactory annual progress reports.

The 2012 assessment visit is to consider progress by the School and whether the accreditation should be extended further. The preliminary meeting of the team was held on 30 April with the assessment visit scheduled to take place in August.

The AMC has two Medical School Accreditation Committee meetings planned in the period July – December 2012 as follows:

- 6 August
- 22 October

2013

The following medical school assessments are planned for 2013.

Confirmed assessments requiring a visit

- Australian National University MBBS (Reaccreditation)
- University of New South Wales MBBS (Reaccreditation)
- Monash University MBBS (Report for extension of accreditation with a visit)

Reports for extension of accreditation

As described in Attachment 3 the AMC may extend a program's accreditation in the sixth year of accreditation on the basis of a comprehensive report. In 2013 it will consider two comprehensive reports:

- Deakin University MBBS
- University of Notre Dame Australia, Sydney MBBS

In addition to these planned assessments, a number of primary medical education providers have indicated their intention to make changes to their programs in the near future. Some of these changes may conform to the AMC definition of a major change and as a result require an assessment and visit by an AMC Team.

Another potential source of increased assessment work lies with the expressed intent of three universities to establish new medical programs. The feasibility of these proposals in progressing to an assessment will rely on the confirmation by the national government that funded places are available.

In 2013 the AMC will hold at least four Medical School Accreditation Committee meetings, approximately one each quarter. The number of meetings and dates are yet to be confirmed

#### **Analyst Remarks to Narrative**

2012

The AMC indicates that it has two on-site visits and two Medical School Accreditation Committee meetings scheduled for 2012.

2013

The AMC indicates that it has five on-site visits scheduled for 2013.

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#### **Outstanding Issues**

**Explain any changes or additions to the World Federation Medical Education standards.**

#### **Country Narrative**

The AMC regularly reviews its accreditation standards against those of a number of countries, including those of the US LCME and the UK General Medical Council. World Federation for Medical Education (WFME) standards are one additional international reference document we use when we review our standards for medical education.

The AMC is not responsible for the WFME Global Standards for Basic Medical Education. The AMC has broadly aligned its accreditation standards to those of WFME since the WFME Standards were implemented in 2003. The WFME Standards have been used extensively all over the world, offering medical education institutions at various stages of development, and with different educational, socio-economic and cultural conditions, a template for definition of institutional, national and regional standards, and a lever for reform of medical schools and their programs.

In 2011 the Executive Council of WFME acknowledged a need for revision of the standards based on the experiences and recommendations from the use of the standards in relation to institutional reforms and accreditation of basic medical education.

The AMC understands that the proposed revisions to the WFME standards will not make major changes to the current Global Standards. The new version of WFME Standards for Basic Medical Education respects the overall principles and structure and basically presents the same standards at two levels of

attainment, basic and developmental, as the original standards document from 2003.

The most important changes are division of the standards in separate sub-standards and introduction of a number system, transferral of some quality development standards to the basic level in accordance with the international development in requirements to medical education, and significant expansion and elaboration of the annotation sections.

The Deputy CEO of the AMC, the Chair and immediate Past Chair of the Medical School Accreditation Committee and several members of the Medical School Accreditation Committee participated as members of the expert advisory group for the WFME Standards Revision.

Australian Medical Council  
June 2012

**Analyst Remarks to Narrative**

The AMC states that it is not responsible for the development of the World Federation for Medical Education (WFME) standards, although it does use them as a reference document when reviewing its own standards. It further notes that its staff and members of its Committee have served as expert members of the WFME Standards Revision advisory group in the past.

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